

TEXAS PEACE OFFICER'S ACCIDENT REPORT (7-3 (REV. 08/1/2001))

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78764-0087

PLACE WHERE ACCIDENT OCCURRED
COUNTY Galveston CITY OR TOWN Texas City

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH ☐ SOUTH ☐ EAST ☐ WEST ☐ OF _____

ROAD ON WHICH ACCIDENT OCCURRED 4600 SH-45 North CONVT. ☐ YES SPEED 65
ZONE ☒ NO LIMIT

INTERSECTING STREET OR HIGHWAY NUMBER 344 Holland Road CONVT. ☐ YES SPEED _____
ZONE ☐ NO LIMIT

NOT AT INTERSECTION ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W ☐ OF _____

LOC. NO. 05-10172DO NOT WRITE
IN THIS SPACE

SPR. NO.

LOC. _____

CODE _____

SEVERITY _____

FAT. REC. _____

DRUGS _____

DATE OF ACCIDENT October 18 2005 DAY OF WEEK Tuesday HOUR 8:52 ☒ A.M. ☐ P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEH. IDENT. NO. 1G1ND52F34M596780 IF BODY STYLE-VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR 2004 COLOR & MAKE Silver Chevrolet MODEL NAME Malibu Classic BODY STYLE 4 Door LICENSE PLATE 08 Tx Z59WMP

DRIVER'S NAME Powledge, Adam Wayne 2027 Fairfield Ct. South League City, Tx 77573 PHONE NUMBER 281-557-0559

DRIVER'S LICENSE Tx 19502651 C DOB 10 04 1966 RACE W SEX M OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4 ALCOHOL/DRUG ANALYSIS RESULT _____

LESSOR ☐ OWNER ☒ Same As Driver

LIABILITY INSURANCE ☐ YES ☒ NO

VEHICLE DAMAGE (W/TNG) FD-7

UNIT NO. 2 ☐ TOWED ☐ MOTOR VEHICLE ☐ TRAIN ☐ PEDESTRIAN ☐ OTHER ☐ VEH. IDENT. NO. _____ IF BODY STYLE-VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR _____ COLOR & MAKE _____ MODEL NAME _____ BODY STYLE _____ LICENSE PLATE _____

DRIVER'S NAME _____ PHONE NUMBER _____

DRIVER'S LICENSE _____ DOB _____ RACE _____ SEX _____ OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT _____

LESSOR ☐ OWNER ☐ Same As Driver

LIABILITY INSURANCE ☐ YES ☐ NO

VEHICLE DAMAGE (W/TNG) _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES Traffic sign support beam Texas Dept. Of Transportation 13 8 Unknown

LIGHT CONDITION 1 WEATHER 1 SURFACE CONDITION 1 TYPE ROAD SURFACE 6 (DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION))

1-DAYLIGHT 2-DIM 3-CLOUDY 4-FOG 5-RAIN 6-ICE 7-SNOW 8-OTHER 1-BESTIAL CLOUDY

1-DRY 2-WET 3-ICE 4-SMOOTH 5-ROUGH 6-OTHER Grass

Unit #1 left the main cement road and drive in the grass median

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED NAME None CHARGE None CITATION NO. _____

NAME None CHARGE None CITATION NO. _____

TIME NOTIFIED OF ACCIDENT 10-18-05 8:52am HOW Radio Dispatched TIME ARRIVED AT SCENE OF ACCIDENT 10-18-05 8:57am

TYPED OR PRINTED NAME OF INVESTIGATOR Corporal C. Rich DATE REPORT MADE 10-18-05 IS REPORT COMPLETE ☒ YES ☐ NO

SIGNATURE OF INVESTIGATOR C. Rich ID NO. 018 DEPARTMENT Texas City PD DIST. AREA 5

Witness #1 Linda Paige Oliver
Witness #2 Rich Adams

JOHN
230 - 23th Street, San Diego, Ca 92102
Same as witness #1

JOHN
819-238-8807 or 619-607-2341
Same as above

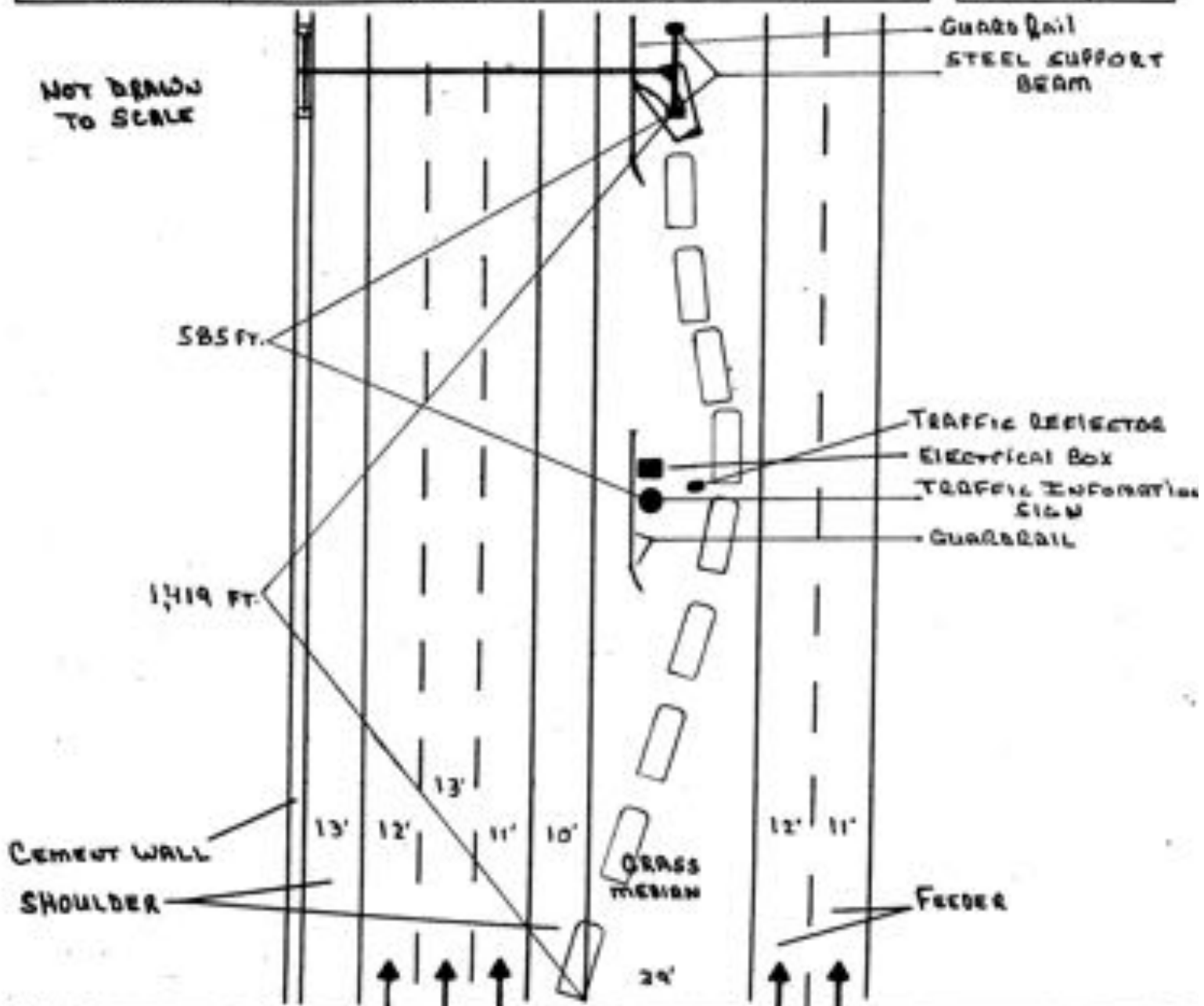
408-808-4777 or 408-344-1304

TEXAS PEACE OFFICER'S ACCIDENT REPORT (7-2) (REV. 11-85)

MAIL OR ACCIDENT REPORTS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4002, AUSTIN, TEXAS 78768-0402

PLACE WHERE ACCIDENT OCCURRED		CITY OR TOWN		COUNTY	
Gibson		Texas City		Gibson	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES		NORTH S E W OF	
ROAD ON WHICH ACCIDENT OCCURRED		HIGHWAY		SPEED LIMIT	
5600		9445		65	
INTERSECTING OR AT JUNCTION NUMBER		SPEED LIMIT		SPEED LIMIT	
3/4		65		65	
NOT AT INTERSECTION		SPEED LIMIT		SPEED LIMIT	
3/4		65		65	
DATE OF ACCIDENT		DAY OF WEEK		TIME	
10-19		TUESDAY		8:52	
A.M. P.M.		IF EXACTLY NOON OR MIDNIGHT, NO		77-10	

LOG NO.	05-1002
DO NOT WRITE IN THIS SPACE	
LOC.	
CODE	
SEVERITY	
DET. NO.	
DR. REC.	



TIME REPORTED OF ACCIDENT	10-18-05 8:53am	HOW	Radio Dispatched	TIME REPORTED AT SCENE OF ACCIDENT	10-18-05 8:57am
TYPED OR PRINTED NAME OF INVESTIGATOR	C. Rich	DATE REPORT MADE	10-18-05	IS REPORT COMPLETE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR	C. Rich	ID NO.	018	DEPARTMENT	Texas City Police
				DET. AREA	

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 04/01/2004)

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78763-0088

PLACE WHERE ACCIDENT OCCURRED COUNTY <u>Galveston</u> CITY OR TOWN <u>Texas City</u>	
IF ACCIDENT WAS OUTSIDE CITY LIMITS INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> OF _____	
ROAD ON WHICH ACCIDENT OCCURRED <u>5600 IH 45 North</u> CONET. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPEED LIMIT <u>55</u>	
INTERSECTING STREET OR RR KING NUMBER <u>1/4</u> CONET. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SPEED LIMIT _____	
NOT AT INTERSECTION <u>1/4</u> <input type="checkbox"/> FT. <input type="checkbox"/> M. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <u>Holland Road</u>	

LOC. NO. 05-10165

DO NOT WRITE IN THIS SPACE	OFF. NO.
LOC.	
CODE	
SEVERITY	
EXT. REL.	
DR. REC.	

DATE OF ACCIDENT <u>October 18</u> <u>2005</u> DAY OF WEEK <u>Tuesday</u> HOUR <u>8:58</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE	VEH. IDENT. NO. <u>1G1ND52P34M508790</u>	IF BODY STYLE VAN OR BUS, INDICATE SEATING CAPACITY
YEAR MODEL <u>2004</u> COLOR & MAKE <u>Silver Chevrolet</u> MODEL NAME <u>Malibu Classic</u> BODY STYLE <u>4 Door</u> LICENSE PLATE <u>06 Tx 259WMP</u>		
DRIVER'S NAME <u>Postledge Adam Wayne</u> <u>2027 Fairfield St. South</u> <u>League City, Tx 77573</u> PHONE NUMBER <u>281-557-0559</u>		
DRIVER'S LICENSE <u>Tx 19502651</u> <u>C</u> DOB <u>10 04 1966</u> RACE <u>M</u> SEX <u></u> OCCUPATION <u></u>		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT <u></u> PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LESSOR <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> Same As Driver		
LIABILITY INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE DAMAGE RATING <u>LD-1</u>		

UNIT NO. 2	MOTOR VEHICLE <input checked="" type="checkbox"/> TRAIN <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/> VEH. IDENT. NO. <u>1G1ZT52855F272264</u>	IF BODY STYLE VAN OR BUS, INDICATE SEATING CAPACITY
YEAR MODEL <u>2005</u> COLOR & MAKE <u>Green Chevrolet</u> MODEL NAME <u>Malibu</u> BODY STYLE <u>4 Door</u> LICENSE PLATE <u>06 Tx 788CYK</u>		
DRIVER'S NAME <u>Gilman Linda Elaine</u> <u>820 - 26th Street</u> <u>San Diego, Ca. 92102</u> PHONE NUMBER <u>619-807-2241</u>		
DRIVER'S LICENSE <u>Ca N239046MC</u> <u>C</u> DOB <u>06 15 1948</u> RACE <u>W</u> SEX <u>F</u> OCCUPATION <u>Refined</u>		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT <u>NEA</u> PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LESSOR <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> Roseville Dodge Hyundai		
LIABILITY INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE DAMAGE RATING <u>RD-1</u>		

DAMAGE TO PROPERTY OTHER THAN VEHICLES	None
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LIGHT CONDITION <input checked="" type="checkbox"/> 1	WEATHER <input checked="" type="checkbox"/> 1	SURFACE CONDITION <input checked="" type="checkbox"/> 1	TYPE ROAD SURFACE <input checked="" type="checkbox"/> 2	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DARK 3-DARK NOT LIGHTED 4-DARK LIGHTED 5-DUSK	1-CLEAR/LOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	1-DRY 2-WET 3-SLODDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	<u>Normal</u>

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☒ NO

CHARGES FILED	NAME <u>None</u> CHARGE <u></u> CITATION NO. <u></u>
	NAME <u>None</u> CHARGE <u></u> CITATION NO. <u></u>

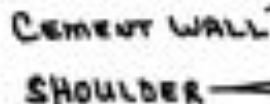
TIME NOTIFIED OF ACCIDENT <u>10-18-05</u> <u>8:52am</u> WHEN <u>Radio Dispatched</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>10-18-05</u> <u>8:58am</u>
TYPED OR PRINTED NAME OF INVESTIGATOR <u>Corporal C. Rich</u> DATE REPORT MADE <u>10-18-05</u> IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF INVESTIGATOR <u>C. Rich</u> ID NO. <u>016</u> DEPARTMENT <u>Texas City PD</u> DIST. AREA <u>5</u>	

Witness # 1 Randy Kilbert
Witness # 200509
1811 Canyon Creek Ct., Pearland, Texas 775818042-10165
409-535-4717 or 409-744-1188

10/1/2018 8:00 AM
 10/1/2018 8:00 AM

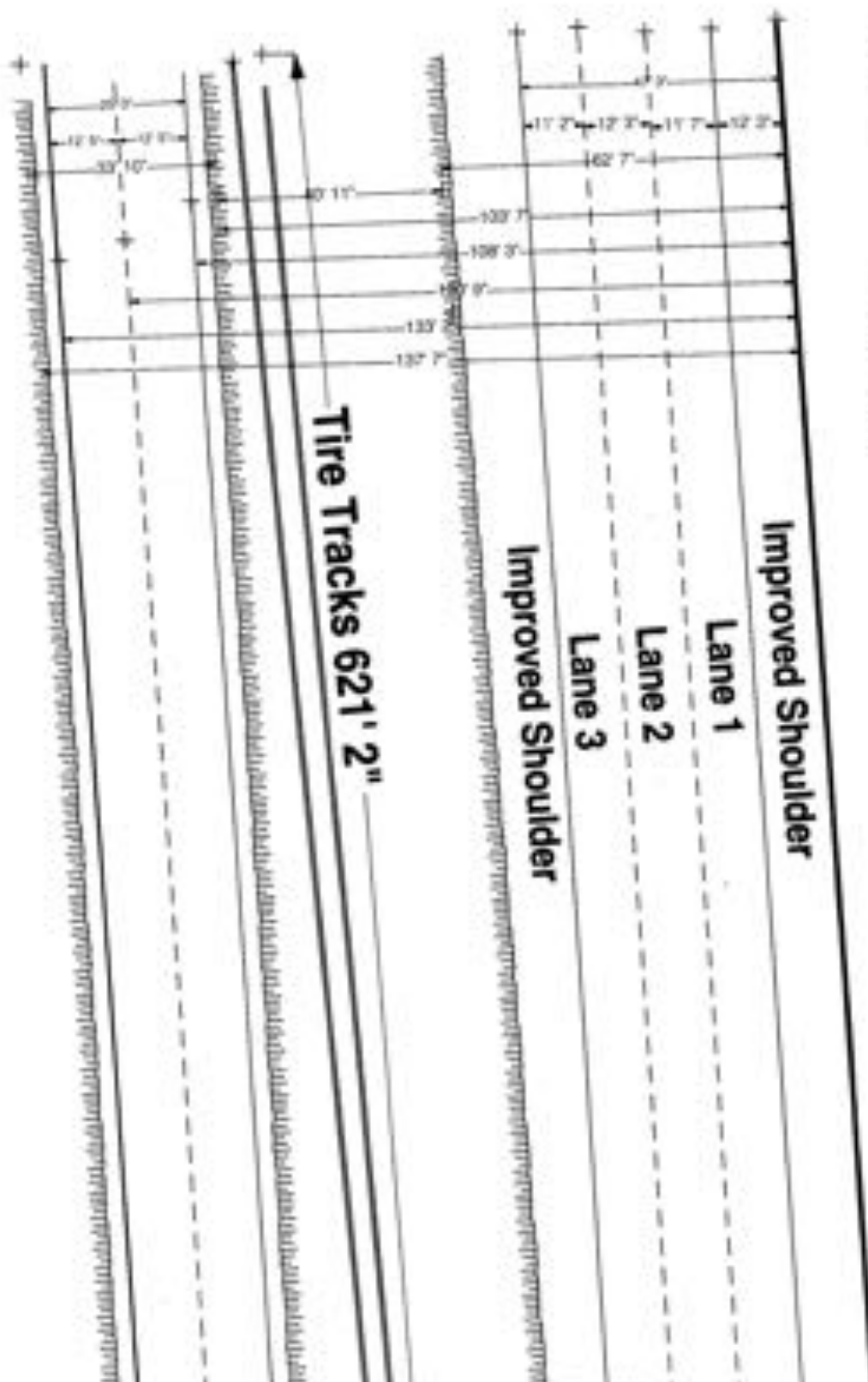
MAIL HQ: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4902, AUSTIN TX 78765-0492

LDC NO. _____	
DO NOT WRITE IN THIS SPACE	OPS NO. _____
LOG. _____	
CODE _____	
SECURITY _____	
PAY BMT. _____	
DL REC. _____	



TIME NOTIFIED OF ACCIDENT 10-18-05 8:20am HOW Radio Dispatched TIME ADVISED AT 10-18-05 8:20am
 TYPED OR PRINTED NAME OF INVESTIGATOR C. RICH DATE REPORT MADE 10-18-05 IS REPORT COMPLETE ☒ YES ☐ NO
 SIGNATURE OF INVESTIGATOR C. RICH ID NO. 018 DEPARTMENT Texas City Police DIST AREA 5

05-10172



Date: October 18, 2005

Fatality Accident 05-10165

Drawn By Ofc. Chris L. Marshall for
Accident Investigator Chet Rich

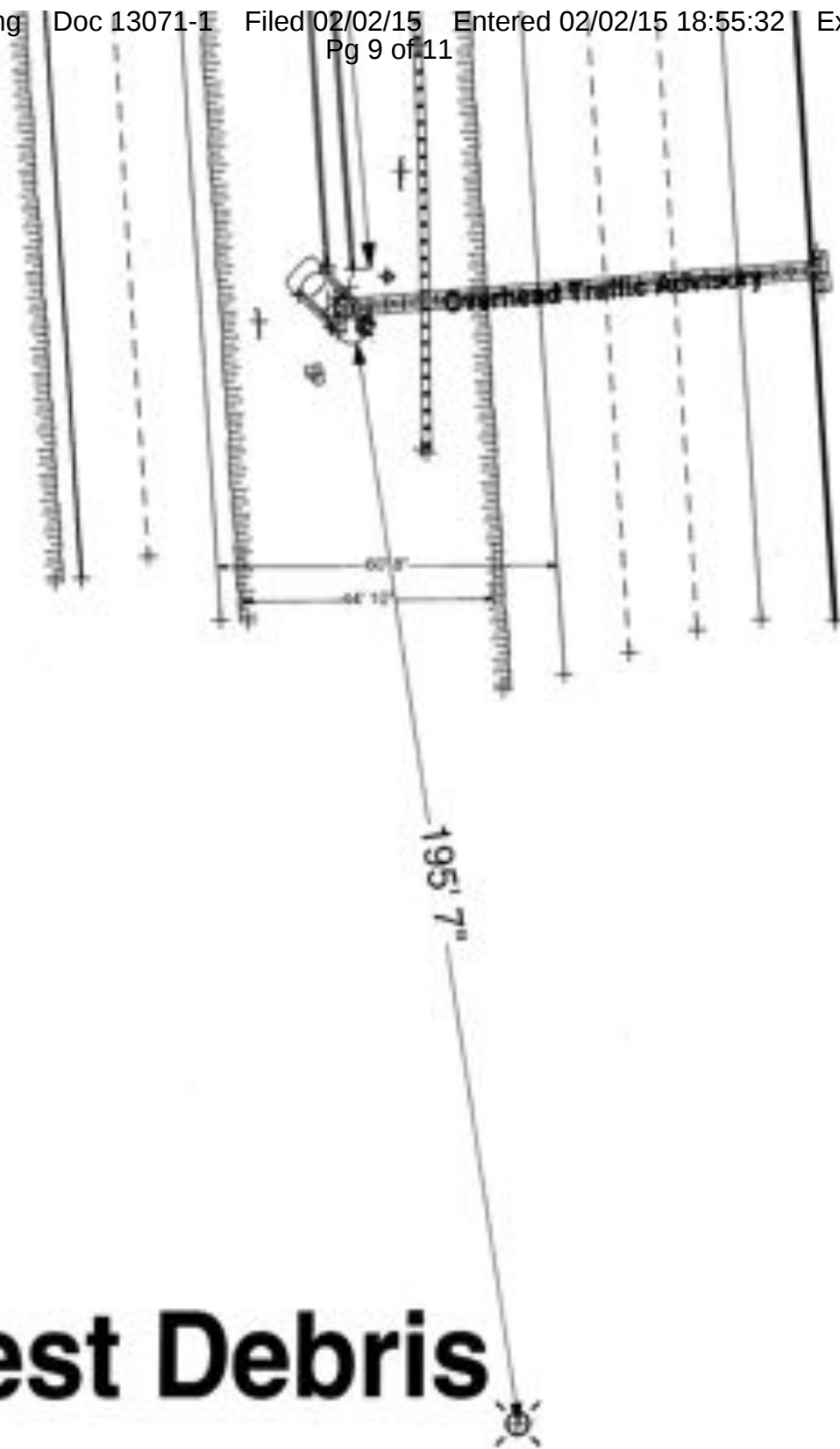
Scale 1 in= 26.00ft

IH-45 South Bound Main Slab

Grassy Median

Gaurdrail Barrier

IH-45 South Bound Feeder



Farthest Debris



Date: October 18, 2005
Fatality Accident 05-10165
Drawn By Ofc. Chris L. Marshall for
Accident Investigator Chet Rich

IH-45 South Bound Main Slab

Improved Shoulder

Lane 1

Lane 2

Right Mirror Lane 3

Mirror Motor

Grassy Median

IH-45 South Bound Feeder

